

## **The Quality of Care in Residential Aged Care Facilities in Australia**

I have been involved in healthcare for over 20 years, here and in the UK - first as Healthcare Assistant/Personal Care Worker/Support Worker, and now as an Trainer & Assessor, teaching adults how to be Personal Care Workers/Support Workers.

I struggle internally with my current position because I know what my students are heading into - an overworked, underpaid, undervalued industry.

When I first started in this sector we were putting clients with Dementia in straight jackets, now chemical restraints are overused, plus bed rails, lap belts and princess chairs etc.

Not all places still use these cruel and archaic forms of restraint, but even the better ones still have room for improvement, such as design of the environment, education, higher staff ratios and technological advances.

In Residential Care in particular, staff cut corners - they don't wash their hands or use hoist machines because there is no time to do the basic things, let alone actually spend quality time with people.

There is a total lack of privacy and respect, staff don't knock on doors and Enrolled Nurses and Registered Nurses will give medication when clients are sitting on the toilet.

I had concerns about where my Nana was a few years ago and it was a nightmare to report my concerns - the Aged Care Quality Agency did nothing and fobbed me off to the complaints team, when they should be mandated to work together.

I had the same experience when I briefly worked as an agency worker here in South Australia, where I was shocked to find that there were still places out there where residents shared rooms (without no curtain in between) and didn't have their own bathroom, so they were being whisked down corridors with Shower Capes on through kitchens to have a shower, and using communal all in one conditioner/shampoo soap.

Also, I once heard a man screaming out for eggs, but he was told he couldn't have any because it wasn't Monday. I reported my concerns to the Enrolled Nurse on duty (I was told there was no Registered Nurse nor more senior staff on duty) and the agency I was employed by, and subsequently I was not offered anymore shifts.

Another time a resident reported to me that they had been hit by a staff member. I told the RN (Registered Nurse) on duty, but they seemingly did nothing. Currently under the legislation that's all I need to do and the RN does not need to do more if the person has Dementia (I believe this resident did). However, without a proper investigation how will we ever know the truth?

I also worked briefly as a Lifestyle Worker where documentation was fudged for funding purposes, residents weren't allowed physical interventions or resources to enable them to stay on a higher care package, and I was underpaid.

I occasionally volunteer in the sector in one of the better places, and even there I see staff cut corners, but I can't really blame them because there is never enough time.

I have seen horrific pressure injuries in the past when I was young and naive, which the industry relies on - young uneducated women and/or migrants, along with others who have limited employability options.

Most recently I went to the Best Practice conference here in SA, and they had a panel at the end with a case study discussing the possibility of Elder Abuse. Everyone on the panel, except for one person, thought the case study was probably abuse and detailed what they would do about it. The person who did not think that the case study was abuse, was a person who was currently working for the Aged Care Quality Agency. I wish I could say I was shocked - I was not. Even the one ordinary older citizen (not a specialist in their field) thought it was abuse. Following the panel discussion I challenged the person from the Aged Care Quality Agency, which made them rethink their position and change their mind. I was pleased that this happened, but it should not take a room full of people to make this happen, being that this was a specialist in their field who should know what abuse is.

Maybe, this is because the Aged Care Quality Agency is currently a paper tiger who do nothing. Visits are announced and the surprise ones are tipped off. Organisations only have to have paperwork in order to pass, which is very easy to do or fudge. Plus, when noncompliance is discovered organisations don't receive harsh enough penalties.

Small group homes are the future, whereby older people can live together in a house with a maximum of 6 people, along with necessary staff - which is how the disability sector has been for many years now.

We know longer lock up people with disabilities, so why do we lock up older people?

People are not free to leave a Residential Aged Care Facility, regardless of whether they have Dementia or not, and older people are locked up in Memory Support Units without any legislation to protect them.

This means that families can force their relatives into substandard care to gain access to their assets/money.

With no mandatory reporting of abuse in the sector or minimum staff ratios, our older citizens will continue to suffer.

Because of this I, along with two other women have come together and formed Aged Care Reform to advocate for change in this sector.

Kind regards

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